PART B - FEE(S) TRANSMITTAL

SEP 2 2 2005	or	P.O. Box 1450 Alexandria, Vir Fax (703) 746-4000	or Patents ginia 22313-1450		
INSTRUCTIONS: This form should be used for tran appropriate All further correspondence including the indicated inless corrected below or directed otherwise transfer ance fee notifications.	smitting the ISSUE FEE and Patent, advance orders and no in Block 1, by (a) specifying	PUBLICATION FEE (if requification of maintenance fees a new correspondence address	nired). Blocks 1 through 5 s will be mailed to the current c; and/or (b) indicating a sepa	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for 8968 7590 06/29/2005		Note: A certificate of Fee(s) Transmittal. The	f mailing can only be used finis certificate cannot be used al paper, such as an assignment of mailing or transmission.	or domestic mailings of the	
GARDNER CARTON & DOUGLAS ATTN: PATENT DOCKET DEPT. 191 N. WACKER DRIVE, SUITE 3700 CHICAGO, IL 60606	LLP	Ce I hereby certify that the States Postal Service addressed to the Matransmitted to the USI	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the o	smission g deposited with the United rst class mail in an envelope above, or being facsimile date indicated below.	
09/23/2005 HDESTA2 00000033 070181 09558570	0	Irana L	Mikitiouk	(Depositor's name)	
D1 FC:1501 1400.00 DA		X	Whitiau (Signature)		
D2 FC:1504 300.00 DA		Sep	September 20, 200 (Date)		
APPLICATION NO. FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/558,570 04/26/2000	Todd A	. Kuiken	P1308USA	9521	
TITLE OF INVENTION: HIGH PROFILE MULTIAXI	AL PROSTHETIC FOOT				
APPLN. TYPE SMALL ENTITY	ISSUE FEE	PUBLICATION FEE '	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional YES	\$1,400	\$300	\$1,700	09/29/2005	
EXAMINER	ART UNIT	CLASS-SUBCLASS	1		
SNOW, BRUCE EDWARD	-3738	623-055000	.		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been					
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.					
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Rehabilitation Institute of Chicago, Illinois					
Chicago Please check the appropriate assignee category or catego			orporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.					
_		Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0181 (enclose an extra copy of this form).			
 Change in Entity Status (from status indicated above a. Applicant claims SMALL ENTITY status. See 		cant is no longer claiming SMA	I I ENTERNA A G. AS C	(ED 1.05/.)(2)	
The Director of the USPTO is requested to apply the Issu NOTE: The Issue Fee and Publication Fee (if required) vinterest as shown by the records of the United States Page	ne Fee and Publication Fee (if a				
Authorized Signature		Date	rept 20, 200	55-	
Typed or printed name Thomas A. Belu	sh	_ Registration	No. <u>37,090</u>		
This collection of information is required by 37 CFR 1.3 an application. Confidentiality is governed by 35 U.S.C. submitting the completed application form to the USPT this form and/or suggestions for reducing this burden, sh Box 1450, Alexandria, Virginia 22313-1450. DO NOT Alexandria, Virginia 22313-1450.	11. The information is required 122 and 37 CFR 1.14. This co O. Time will vary depending u lould be sent to the Chief Infor SEND FEES OR COMPLETE	to obtain or retain a benefit by illection is estimated to take 12 pon the individual case. Any c mation Officer, U.S. Patent and D FORMS TO THIS ADDRES	the public which is to file (an minutes to complete, includio omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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